

1. NUMBER: SAMSII-00-008	2. PCN: PB20331	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 5/3/01	4. PAGE 1 of 1
5. TO: Barbara Cobb/FD32		6. THRU: Lori Manis		7. FROM: Helen Brown, SAMS	
8. TITLE OF CHANGE: Add notes to SAMS iURC Increment 3 activation activities					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE: May 24, 2001		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES): Increment 3			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Increment 3 Planning Data Set		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Clarificaton of SAMS operational capabilities, which allows mission planners more flexibility, especially during the joint ops timeframe.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input checked="" type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Add following note to 'SAMS ICU/D1 Activation I3': 'There is an alt procedure that uses approx 10 minutes of crew time. The ground performs all the commanding with the crew performing switch throws. Add the following note to both 'SAMS RTS/D1 Activation I3' and 'SAMS RTS/D2 Activation I3': 'If the drawer was deactivated from the ground, the switches remain in the ON position and can be					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Helen Brown /s/		DATE: 5/3/01	TELEPHONE NUMBER: 2169770309	OFFICE SYMBOL: GRC	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE